SERFF Tracking Number: UNKP-125508425 State: Arkansas
First Filing Company: Security National Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AR-CM-0804-01-146

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Commercial Inland Marine
Project Name/Number: /AR-CM-0804-01-146

Filing at a Glance

Companies: Security National Insurance Company, Trinity Universal Insurance Company of Kansas

Product Name: Commercial Inland Marine SERFF Tr Num: UNKP-125508425 State: Arkansas

TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 09.0005 Other Commercial Inland Co Tr Num: AR-CM-0804-01-146 State Status: Fees verified and

Marine received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,

Llyweyia Rawlins, Brittany Yielding

Disposition Date: 03/06/2008

Authors: Denise Freund, Tyrone

Settlemier

Date Submitted: 02/28/2008 Disposition Status: Approved

04/01/2008

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: AR-CM-0804-01-146 Domicile Status Comments:

Reference Organization: AAIS Reference Number: AAIS-2008-4IMGF

Reference Title: TRIPRA Advisory Org. Circular: VRS

Filing Status Changed: 03/06/2008

State Status Changed: 03/06/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Filing "Expedited" filing to adopt AAIS forms for Terrorism Risk Insurance Program Reauthorization Act of 2007

(TRIPRA)- including Company Notice to Policyholders

Company and Contact

Company Tracking Number: AR-CM-0804-01-146

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Commercial Inland Marine
Project Name/Number: /AR-CM-0804-01-146

Filing Contact Information

Freund Denise, State Filings Analyst dfreund@unitrin.com
12790 Merit Drive (800) 777-2249 [Phone]
Dallas, TX 75251 (214) 360-8060[FAX]

Filing Company Information

Security National Insurance Company CoCode: 19879 State of Domicile: Texas 12790 Merit Drive Group Code: 215 Company Type: Prop & Cas

Dallas, TX 75251 Group Name: Unitrin Prop & Cas State ID Number:

(800) 777-2249 ext. 8194[Phone] FEIN Number: 75-6020448

Trinity Universal Insurance Company of Kansas CoCode: 15954 State of Domicile: Kansas 12790 Merit Drive Group Code: 215 Company Type: Prop & Cas

Dallas, TX 75251 Group Name: Unitrin Prop & Cas State ID Number:

(800) 777-2249 ext. 8194[Phone] FEIN Number: 75-1413993

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Security National Insurance Company \$50.00 02/28/2008 18219167

Trinity Universal Insurance Company of Kansas \$0.00 02/28/2008

Company Tracking Number: AR-CM-0804-01-146

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Commercial Inland Marine
Project Name/Number: /AR-CM-0804-01-146

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/06/2008	03/06/2008

SERFF Tracking Number: UNKP-125508425 State: Arkansas
First Filing Company: Security National Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AR-CM-0804-01-146

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Commercial Inland Marine
Project Name/Number: /AR-CM-0804-01-146

Disposition

Disposition Date: 03/06/2008 Effective Date (New): 04/01/2008 Effective Date (Renewal): 04/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing 0.000%

Overall Percentage Rate Impact For This Filing 0.000%

Effect of Rate Filing-Written Premium Change For This Program \$0

Effect of Rate Filing - Number of Policyholders Affected 0

Company Tracking Number: AR-CM-0804-01-146

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Commercial Inland Marine
Project Name/Number: /AR-CM-0804-01-146

Item Type Item Name Item Status Public Access

Supporting Document Uniform Transmittal Document-Property & Approved

Councilly

Yes

Casualty

Supporting DocumentExpedited FilingApprovedYes

Form Notice to Policyholders- Restrictions of Approved Yes

Terrorism Coverage

Company Tracking Number: AR-CM-0804-01-146

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Commercial Inland Marine
Project Name/Number: /AR-CM-0804-01-146

Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	Action Specific Readability	Attachment
Status			Date		Data	
Approved	Notice to	30-0873	12 07	Disclosure/ Replaced	Replaced Form #:0.00	SERFF
	Policyholders-			Notice	30-0720 03 06	30_0873_12
	Restrictions of				Previous Filing #:	_07_Terroris
	Terrorism					m_Policyhol
	Coverage					der_Notice.p
						df

NOTICE TO POLICYHOLDERS

RESTRICTIONS OF TERRORISM COVERAGE

This Notice has been prepared in conjunction with the implementation of changes related to coverage of terrorism under your policy. It contains a brief synopsis of significant exclusionary provisions and limitations.

This Notice does **not** form a part of your insurance contract. This Notice is designed to alert you to coverage restrictions and to other provisions in the terrorism endorsement in this policy. If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) apply.

In accordance with the **Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA),** we are required to offer you coverage for losses resulting from an act of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury – in concurrence with the Secretary of State, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

CHANGE IN THE DEFINITION OF CERTIFIED ACTS OF TERRORISM AND INFORMATION ON LIMITATIONS ON FEDERAL AND INSURER LIABILITY

Under the Federal **Terrorism Risk Insurance Program Reauthorization Act of 2007**, the definition of "certified acts of terrorism" (which is more fully defined in the endorsement) no longer requires that the act of terrorism be committed by or on behalf of a foreign interest. Therefore, coverage for "certified acts of terrorism" now encompasses, for example, an act committed against the United States government by a United States citizen, when the act is determined by the federal government to be a "certified act of terrorism" under the terms of the **TRIPRA**. Coverage is subject to all policy exclusions (for example, nuclear hazard and war exclusions) and other policy provisions.

The government may participate in paying for some of the losses from a "certified act of terrorism". However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion. Further, this coverage is subject to a limit on our liability pursuant to the federal law, that is, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion. In such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

Refer to the terrorism endorsement for the definition of "certified acts of terrorism." Refer to the endorsement, and to the rest of the insurance contract, for provisions that govern coverage for, or that exclude coverage for, losses arising from terrorism.

Carefully read your policy, including the endorsements attached to your policy.

WE HAVE INCLUDED A PREMIUM CHARGE ON YOUR POLICY FOR "CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM."

THE PREMIUM CHARGE FOR THE TERRORISM COVERAGE
IS SHOWN EITHER ON THE "DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE
ACT" OR "DISCLOSURE OF PREMIUM AND ESTIMATED PREMIUM" OR YOUR POLICY
DECLARATIONS

YOUR POLICY

Your policy does not contain a terrorism exclusion. However, we have included an endorsement under which coverage for "certified acts of terrorism" (which is more fully defined in the endorsement, but involves acts of terrorism by or on behalf of a foreign interest) is subject to a limit on our liability pursuant to the **Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA)**. The terrorism definition is based on **TRIPRA**, under which the federal government determines when a "certified act of terrorism" has occurred. The government may participate in paying for some of the losses from such an event. This coverage is subject to a limit on our liability pursuant to the federal law and is subject to all policy exclusions (for example, nuclear hazard and war exclusions) and other policy provisions.

Unless you notify us in writing that you wish to reject terrorism coverage, we will include terrorism coverage in your policy. You may reject this offer by signing the enclosed REJECTION STATEMENT and returning it to us. Once we receive the signed rejection form your policy will be endorsed to exclude the terrorism coverage and the premium amount refunded to you.

PROPERTY SECTION

NOTICE APPLICABLE ONLY in California, Missouri, Oregon, Wisconsin:

STATE REQUIREMENTS BECAUSE OF THE STANDARD FIRE CLAUSE: The terrorism exclusion does not restrict fire coverage under Commercial Property, Commercial Inland Marine and Farm insurance due to a statutory requirement in these states. Therefore, losses attributable to fire following an act of terrorism, if otherwise covered, remain covered under such insurance. An appropriate premium charge is included in your policy.

NOTICE APPLICABLE ONLY in Georgia, Illinois, Iowa, and Washington:

STATE REQUIREMENTS BECAUSE OF THE STANDARD FIRE CLAUSE: The terrorism exclusion does not restrict fire coverage under Commercial Property and Farm insurance due to a statutory requirement in this state. Therefore, losses attributable to fire following an act of terrorism, if otherwise covered, remain covered under such insurance. An appropriate premium charge is included in your policy.

Company Tracking Number: AR-CM-0804-01-146

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Commercial Inland Marine
Project Name/Number: /AR-CM-0804-01-146

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: UNKP-125508425 State: Arkansas
First Filing Company: Security National Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AR-CM-0804-01-146

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Commercial Inland Marine
Project Name/Number: /AR-CM-0804-01-146

Supporting Document Schedules

Review Status:

Bypassed -Name: Uniform Transmittal Document- Approved 03/06/2008

Property & Casualty

Bypass Reason: NA

Comments:

Review Status:

Satisfied -Name: Expedited Filing Approved 03/06/2008

Comments: Attachments:

SERFF 2007_Terrorism__F215_01_08_Expedited_Filing_Transmittal__Base_Forms.pdf

SERFF 2007_Terrorism_(TRIPRA)_Forms.pdf

EXPEDITED FILING TRANSMITTAL DOCUMENT FOR TERRORISM RISK INSURANCE FORMS AND PRICING

This	page applies to the following s	state(s) ARKANSAS					
Indicate Type of Filing			Department Us	se only	•		
Filing Related to Certified Losses							
	Filing Related to Non-Certified Lo	osses					
Filing Applicable to Both Certified and Non-							
	ied Losses						
	Company Na		Domicile		NAIC #	FEIN #	
	rity National Insurance Company		Texas	Texas		75-6020448	
Trinity Universal Insurance Company of Kansas			Kansas		15954	75-1413993	
Cont	act Info for Filer						
	Name and address	of Filer(s)	Telephone #		FAX #	e-mail	
Jon Z	Zetlau		800/777-2241	ext	214/360-8060	jzetlau@unitrin.com	
12790	O Merit Drive		8194				
Dalla	s, TX 75251						
L							
Filing	j information						
	of Insurance (see attachment)	AAIS Inland Mari	ne				
	pany Program Title (Marketing						
	(if applicable)						
	Type ** see note below	Forms					
	application is used with:		73 12/07; AAIS: AA	AIS-200	08-4IMGF		
	tive Date Requested	April 1, 2008					
	g date	February 29, 200					
Com	pany Tracking Number	AR-CM-0804-01-		6			
Date filing approved in domiciliary Not yet approved							
	if applicable						
	, if applicable						
		Form # or Rate Page	Replacement	lf re	eplacement.	Previous State	
	Component/Form Name	Form # or Rate Page	Replacement Or withdrawn?		eplacement,	Previous State Filing Number.	
				give	e form # or rate	Previous State Filing Number, if required	
	Component/Form Name			give		Filing Number,	
	Component/Form Name			give	e form # or rate	Filing Number, if required	
state	Component/Form Name /Description/Synopsis		Or withdrawn? Replacement Withdrawn	give	e form # or rate	Filing Number, if required	
state 01	Component/Form Name /Description/Synopsis		Or withdrawn? Replacement Withdrawn Neither	give	e form # or rate	Filing Number, if required	
state	Component/Form Name /Description/Synopsis		Or withdrawn? Replacement Withdrawn Neither Replacement	give	e form # or rate	Filing Number, if required	
state 01	Component/Form Name /Description/Synopsis		Or withdrawn? Replacement Withdrawn Neither Replacement Withdrawn	give	e form # or rate	Filing Number, if required	
state 01	Component/Form Name /Description/Synopsis		Or withdrawn? Replacement Withdrawn Neither Replacement	give	e form # or rate	Filing Number, if required	
01 02	Component/Form Name /Description/Synopsis See Attached Forms List	Include edition date	Or withdrawn? Replacement Withdrawn Neither Replacement Withdrawn	give	e form # or rate	Filing Number, if required	
01 02	Component/Form Name /Description/Synopsis See Attached Forms List complete, a form filing must inc	Include edition date	Or withdrawn? Replacement Withdrawn Neither Replacement Withdrawn Neither	give pag	e form # or rate ge(s) it replaces	Filing Number, if required	
01 02	Component/Form Name /Description/Synopsis See Attached Forms List	Include edition date	Or withdrawn? Replacement Withdrawn Neither Replacement Withdrawn Neither	give pag	e form # or rate ge(s) it replaces	Filing Number, if required	
01 02	Component/Form Name /Description/Synopsis See Attached Forms List complete, a form filing must inc	Include edition date	Or withdrawn? Replacement Withdrawn Neither Replacement Withdrawn Neither	give	e form # or rate ge(s) it replaces	Filing Number, if required by state	
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01 02 To be	Component/Form Name /Description/Synopsis See Attached Forms List complete, a form filing must incompleted Expedited Filing One copy of each endorsem organization authorization to a copy of the rates, rating system appropriate filing fees, if A postage-paid, self-addressensurer(s) submitting this filing cells in compliance with	lude the following: Transmittal Document nent, disclosure form of file them on its behalf. Stems and supporting direquired. ed envelope large enountifies that it:	Or withdrawn? Replacement Withdrawn Replacement Withdrawn Neither replacement withdrawn Neither	give pag	e form # or rate ge(s) it replaces ory organization. unless the insure	Filing Number, if required by state	
01 02 To be	Component/Form Name /Description/Synopsis See Attached Forms List complete, a form filing must incompleted Expedited Filing One copy of each endorsem organization authorization to a copy of the rates, rating system appropriate filing fees, if A postage-paid, self-addressed in surer(s) submitting this filing cells in compliance with and	lude the following: Transmittal Document nent, disclosure form of file them on its behalf. Stems and supporting direquired. ed envelope large enountifies that it:	Or withdrawn? Replacement Withdrawn Neither Replacement Withdrawn Neither for each insurer or or other policy lang ocumentation. Replacement Replacement Unithdrawn Neither	give pag	e form # or rate ge(s) it replaces ory organization. unless the insure e return.	Filing Number, if required by state er has given an advisory and the laws of this state;	

Bureau/Forms Compliance Mgr.

Title:

Signature

Jon Zetlau

Print Name:

Component/Form Name/ Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces
Policyholder Disclosure	30-0873 12 07	Replacement	30-0720 03 06
Certified Terrorism Loss	CL 06 00 01 08	Replacement	CL 06 00 05 03
Certified Terrorism Loss Disclosure of Premium	CL 06 05 01 08	Replacement	CL 06 05 06 06
Certified Act of Terrorism Exclusion	CL 06 10 01 08	Replacement	CL 06 10 05 03
Policyholder Disclosure Notice of Terrorism Insurance	CL 10 45 01 08	Replacement	CL 10 45 06 06
Non-Certified Act of Terrorism	CL 06 30 12 02	Withdrawn	
Certified & Non-Certified Act of Terrorism	CL 06 34 06 06	Withdrawn	
Biological & Chemical Non- certified Act of Terrorism	CL 06 50 12 02	Withdrawn	
Certified & Non-Certified Act of Terrorism	CL 06 54 06 06	Withdrawn	
Policyholder Disclsoure Notice of Terrorism	CL 03 14 06 06	Withdrawn	
Policyholder Disclosure Notice of Terrorism	CL 03 19 06 06	Withdrawn	